

**RURAL HEALTH  
DEMONSTRATION PROJECTS  
(RHDP)**

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\* The RHDP was first implemented in 1998.

\* Presently, the RHDP receives funding support from Proposition 99 (Tobacco Settlement Fund) and from Title XXI (Federal SCHIP Funds).

**TELEMEDICINE AND MENTAL HEALTH IN RURAL CALIFORNIA**

Telemedicine is one of the fastest growing methods by which Healthy Families Program members residing in rural areas of California have immediate access to specialty medical care. Without the availability of telemedicine, traditionally patients in rural regions of Northern California would have to travel long distances, often taking a whole day to reach a university hospital in the Sacramento or San Francisco area to receive care.

Telemedicine, simply put, is the use of teleconferencing technology to allow patients immediate and local access to health specialists throughout the state.

The Managed Risk Medical Insurance Board (MRMIB) through its Rural Health Demonstration Projects (RHDP) partially funded the partnership between Blue Cross of California and The Northern Sierra Rural Health Network (NSRHN) to provide telemedicine services for children residing in remote areas of Northern California. The NSRHN has been instrumental in providing highly needed services in 9 counties through its 30 site telemedicine network. NSRHN reported that between Janu-

ary 1 and June 30, 2005, the following specialty telemedicine service events were provided: Psychiatry 208, Neurology 36, Endocrinology 18, ENT 4, Nephrology 2, Dermatology 3, Behavioral Health Counseling 6, and Ortho 1. Telepsychiatry constituted the majority of specialty consults provided to patients in the region.

Surprisingly, telemedicine first emerged as a primary method for patients to receive dermatological treatment. Since its development, it has become a leading method for delivering mental health services. It has been known for sometime that suicide rates in rural counties and drug use are often double that of other parts of the state. Primary healthcare is often readily available, but specialty care to serve the emotional and behavioral health needs of youth is often overlooked, that is where teleconferencing has become a health tool. Telemedicine has allowed the rural population to receive a unique combination of health services that address both their medical and mental health needs.

Since 1998, the RHDP has

continuously funded the Blue Cross-NSRHN project not only to assist in developing the telemedicine network, but as well as provide enhancement and update to necessary technical equipment.

With continued emerging technology, telemedicine stands to only improve as more health delivery systems come to the realization that telemedicine is not only as efficient as direct-face-to-face interaction, but also a cost and time efficient tool to provide highly needed health services to populations in non-urban areas.

*NSRHN counties: Lassen, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Trinity and Tehama.*



## RHDP DEFINED

The Rural Health Demonstration Projects (RHDP) came about in 1998 as a tool to enhance access to health services for Healthy Families Program (HFP) children living in rural regions of the state.

The RHDP increases access to health, dental and vision care through two strategies: 1) The Geographic Access strategy funds projects in geographically isolated communities and 2) The Special Populations strategy funds projects in communities with underserved populations of migrant

seasonal farm workers, American Indians and fishing and forestry workers.

The Managed Risk Medical Insurance Board (MRMIB), which administers the RHDP, recently completed a solicitation for projects that address the unique barriers to health care in rural California. MRMIB awarded a total of \$2.9 million to 36 projects for fiscal years 2005-06 and 2006-07. The 36 projects are currently in place and began delivering services on July 1, 2005.

The RHDP works by part-

nering with current HFP plans, which contract with the projects for delivery of services. As liaisons between the projects and MRMIB, the plans have reporting responsibilities to MRMIB. MRMIB works with the plan liaisons and the project leads to ensure project success and compliance. This is accomplished through monitoring site visits and through quarterly progress reports submitted by the plans on the projects' status.



Thirty-three counties throughout California are currently receiving RHDP funding.

## PEDIATRIC DENTAL SURGERY

The RHDP has awarded a grant in the amount of \$300,000 to the Delta Dental Central California (CCDS) partnership project. The CCDS will use the funds to provide increased hospital dentistry services for Healthy Families Program children from July 1, 2005 to June 30, 2007.

CCDS will expand services through the addi-

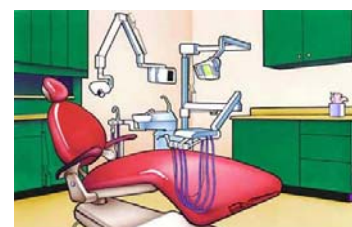
tion of dental staff, thereby, increasing service hours by 32-40 hours per week. The increase in service hours will allow the center to serve at least 35-40 additional children per month as a direct result.

CCDS's unique program of dentistry differs from traditional dentistry methods in that it utilizes general anesthesia to perform complicated and time consuming dental procedures. The

project will perform full mouth dental treatment for children with extensive dental needs and for children with developmental disabilities.

Children seen at CCDS not only are very young, usually between one and seven years, but also require more time and effort than a routine dental patient because of severe dental decay. On occasion older children who have at-

*"At the end of the day, I feel like I've helped a lot of families and a lot of kids that wouldn't be seen if it wasn't for this type of facility"*  
Dental Assistant  
Linda Owens, CCDS.



tempted traditional care without success and/or are in need of a specialty oral surgical procedure are also treated at CCDS.

For developmentally disabled children and those with special needs, having dental work while under general anesthesia is, for most, their only option. These children's inability to cooperate during dental procedures and/or non-ambulatory status, limits the dental practices who would be willing to treat them.

Without CCDS, Healthy

Families Program members and children on public insurance living in the Central Valley would be required to travel to urban areas, often hours away to receive treatment. Unfortunately, the reality has been that often these children go without the proper dental repairs.

The center not only serves these children by relieving severe dental pain while they sleep, but often indirectly increases their self-esteem. Children usu-

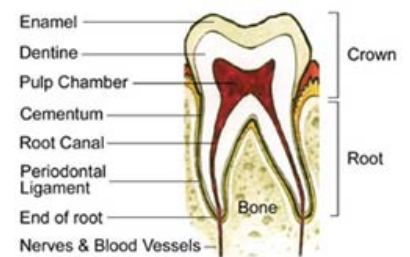
ally benefit from improved feelings about themselves after treatment because embarrassing deformed teeth are corrected and teasing by other children stops. Some children feel like they can finally smile without having to cover up their mouth and/or simply are in a better mood due to the cessation of pain.

*The CCDS is located in Atwater, and will serve children from seven counties: Calaveras, Madera, Mariposa, Merced, San Joaquin, Stanislaus, and Tuolumne.*

#### Why is candy and other sugary foods bad for teeth?

*"Sugar on the tooth surface is changed to acid within 5 minutes time. The acid acts to dissolve the tooth surface. When this happens often enough, the tooth surface breaks down. At first you see white spots (known as areas of demineralization), then dental decay occurs."* Source: The American Dental Hygienists' Association, Kids Tooth Facts, 2005.

Healthy Tooth Anatomy



## OBESITY AND MENTAL HEALTH

It may not come as a surprise to many in the healthcare industry that there exists a link between obesity in children and their mental health. It is a known fact that anxiety, physical abuse, and low self-esteem can lead to eating disorders.

With funding from the RHDP, the Health Plan of San Joaquin (HPSJ) has been piloting a school-based obesity intervention program aimed at Edison High School Students in Stockton, California. The Healthy Hearts project

targets youth through the Special Population strategy that are overweight or at risk for becoming overweight. Teenagers in the program receive a comprehensive physical that includes an exam, lab work as needed, nutrition assessment, counseling, mental health screening, including substance abuse and depression assessments. Since obesity has been associated with low self-esteem and other mental health issues, HPSJ has made mental health services a primary part of its Healthy Hearts

project. The project has professionals from four fields that work with the youth, a physician, a case manager, a registered dietician and a mental health clinician.

The physician is responsible for conducting a full physical exam and identifying physical problems and concerns.

The case manager is responsible for working with students to create an individualized nutrition and exercise regimen based on their current lifestyle and results from their

#### Prevalence of Overweight Among Children and Adolescents: United States, 1999-2002

*"The percent of children who are overweight continues to increase. Among children and teens ages 6-19, 16 percent (over 9 million) are overweight according to the 1999-2002 data, or triple what the proportion was in 1980".*

*Source: CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey*

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The Managed Risk Medical Insurance Board is dedicated to improving the health of Californians by increasing access to affordable, comprehensive, quality health care coverage.

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health screening. The case manager assesses for risk factors such as stress, physical and sexual abuse, post traumatic stress disorder, substance abuse, tobacco use and other factors that may contribute to unhealthy eating behaviors. The case manager makes appropriate referrals to other health team professionals and follows-up to ensure the students' needs are met. The case manager also leads students during after school sessions in individual and group physical activities, including: hip-hop and salsa dance, cardio kick-boxing, and weight lifting.

The registered dietitian works closely with families of involved students to

engage the entire family in nutrition education classes and conducts one-on-one home visit sessions centered on culturally appropriate healthy cooking habits, healthy food shopping choices, and family exercise programs.

The mental health clinician accepts referrals from the Edison Health Center's medical staff and works in conjunction with the case manager to resolve psychosocial issues amongst participants.

As of June 30, 2005, the Healthy Hearts Project had 51 fully active students enrolled in the program. Students in the program set realistic goals each week such as reducing soda intake or increasing

the amount of fruit in their diet. Students also attend Free Lunch Fridays where they learn to make healthy meals. HPSJ reported that 25% of participants experienced a decrease in their Body Mass Index, based on pre and post program physical exams.

Thanks to a generous donation from Blue Cross of California, the Healthy Hearts Project was able to purchase tennis shoes for Healthy Hearts students that did not have proper footwear. All students with perfect attendance at exercise class for one month received a pair of tennis shoes. Most of the 51 students have met this goal and are enjoying their new footwear.

